

## **The Battle Stress Recovery Unit (BSRU) in UNIFIL: A Module of the Belgian Medical Treatment Facility (MTF) Role 2**

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### **1.0 GENERAL**

#### **1.1 Geografic**

Lebanon, officially called the Lebanese Republic, is a small, mountainous country in the Middle East, located at the eastern edge of the Mediterranean Sea.

Lebanon is bordered on the west by the Mediterranean, with a coastline of 225 Km, and to the east by Syria. Lebanon borders Syria for 375 Km to the north and to the east, and Israel for 79 Km to the south.

The Lebanon Mountains, which parallel the coast on the westside, cover most of the country, while on the eastern border we find the Anti-Lebanon range. Between the two lies the Bekaa Valley, the principal agricultural area.

#### **1.2 UNIFIL**

In 1978, the United Nations Interim Forces in Lebanon (UNIFIL) were founded by the Security Council of the United. This in order to confirm Israel's withdrawal from Lebanon, to restore international peace and security and to assist the Lebanese Government in restoring its effective authority in the area.

Following the July/August 2006 conflict, between Israel and Hezbollah, in southern Lebanon, the Council increased its troop strengths from 2000 troops in August 2006 to 12000 at the end of January 2007, consisting of contingents of 28 nations. The maximum number of UNIFIL peacekeepers has been noted at 15000. With the United Nations mandate 'resolution 1701' of August 2006, UNIFIL received the mission to assist the Lebanese Armed Forces in the establishment, in the southern Lebanon, of an area free of any armed personnel other than those of the Government of Lebanon and of UNIFIL.

On the 25th August 2006, the Belgian government proposed the UN its own participation. This participation had to give an answer to the needs of the UN and moreover was to be a useful part in the reconstruction of Lebanon. The Belgian government proposed a participation in the demining field, the reconstruction and the medical services. The mission of 'the Belgian Luxemburg Forces in Lebanon (BELUFIL) was born.

#### **1.3 Resolution 1701**

##### **1.3.1 A Constructive Mission Carried Out by Experts**

###### *1.3.1.1 Clearing of Mines*

On a daily basis there are victims (often children) as a result of accidents with non-exploded devices. Agriculture and economics are also severely disrupted by the presence of these non-exploded explosives.

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In providing demining personnel, Belgium meets one of the most urgent needs. In addition, throughout the years, Belgium has gained enormous experience and international recognition in this field.

#### *1.3.1.2 Medical Support*

Belgium is opening a field hospital for the benefit of UNIFIL. However, the medical personnel of Defence will also provide help to the local population in case of physical injuries and will also pay attention to **the psychological consequences** of the conflict.

#### *1.3.1.3 Reconstruction*

As a result of the conflict, public infrastructure in southern Lebanon has been destroyed. One of the missions of the Belgian detachment will be to provide assistance in the repairs and the reconstruction, so that the local population can resume daily life as soon as possible.

### **1.3.2 Paying Special Attention to the Safety of the Personnel of the Belgian Defence Forces**

Defence has decided to deploy its own protection force. These Belgian troops will be in charge of the protection of the Belgian and Luxemburg personnel of BELUFIL. The protection force will operate under direct Belgian command. Thus, the safety of the Belgian troops will be ensured on two levels: by a Belgian protection force and by UN troops.

All Belgian soldiers will be quartered in one place: TIBNIN. Tibnin is centrally located in the deployment zone of UNIFIL, in the Italian sector and there is a French battalion nearby.

The equipment at the disposal of the Belgian troops has been subject to special attention. This goes for the individual equipment as well as for the collective (i.e. bullet-proof jackets, armoured vehicles, CBRN equipment...)

Before departure and upon return, the participants will be required to give a blood sample. By creating a blood bank, it will be possible to detect if there is a link between the possible appearance of symptoms of a disease later in life and the mission in Lebanon.

### **1.3.3 In Order to Help Implement UN Resolution 1701 Together with our European and International Partners**

A strong and correct conduct by an international force of which Belgium is part, can contribute to the regaining of peace and security in Lebanon.

The neutrality and impartiality of European countries has been appreciated for a long time in this region. The European countries are therefore the appropriate protagonists to help implement Resolution 1701.

Moreover, a strong Belgian participation in a force with a significant European presence is a necessity to continue to play an important role in Europe. Defence wishes to be a loyal partner and to be this time and time again.

## **1.4 Medical Treatment Facility (MTF)**

The standards of medical care in crisis have to be as close as possible to prevailing peacetime medical standards. This means Primary Surgery (PS) within one hour, or when not feasible Advanced Trauma Life Support (ATLS) within one hour, Damage Control Surgery (DCS) within two hours, Primary surgery (PS) within four hours (Golden hour-principle).

The medical part of the Belgian participation consists of a primary health care facility Role 1 (Advanced Trauma Life Support, Evacuation) and on the other hand a Role 2 medical support entity (Field Hospital - Role 2 Enhanced). It is a Modular build up hospital providing an intermediate capability for the reception and triage of casualties, as well as being able to perform resuscitation and treatment of shock to a higher technical level than Role 1. It will routinely include Damage Control Surgery and may include a limited holding facility for the short term holding of casualties until they can be returned to duty or evacuated. Role 2 may have additional capabilities such as preventive medicine, environmental health capability, dental care, **operational stress management, psychiatry or psychology**.

According to UN instructions, this Role 2 hospital is to support a UN population in the South of Lebanon of approximately 5000 personnel (total population at risk).

This medical facility should have the capacity to perform 3-4 surgical operations a day with anesthesia, emergency resuscitation procedures and to stabilize the health state of the patient, thus enabling evacuation to the next level of medical care.

The medical support concept UNIFIL consisted of:

- \*Role 1 facility: 5 Modules ATLS –Evacuation

- \*Role 2 facility including the following Modules:

Module In, Module Triage-resuscitation, 2 Modules Damage Control Surgery, Module Intensive Care Unit, Module Holding, Module Dental Care, Module Hygiene – Veterinary, Module Pharmacy, Module X-ray, Module Laboratory, Module Sterilisation, Module Technical Support, Module Leadership, Module Med Supply and a **Module Battle Stress Recovery Unit** (Mod BSRU).

## **2.0 MISSION**

The Belgian ‘Battle Stress Recovery Unit’ (BSRU) in Lebanon  
(A Psychological Module of the Medical Component, Ministry of Defence)

### Introduction

The mission of Belgian armed forces can comprise certain risks for its personnel. Servicemen are sometimes involved in accidents with physical injuries, sometimes even with fatal consequences. During missions abroad the military personnel can sometimes suffer extreme violence. These ordeals provoke feelings of helplessness, are often unexpected and dreadful exposures to death or mutilation. These critical incidents can incite long-term psychological and social impairment. The Centre for Crisis Psychology (CCP) of the Queen Astrid Military Hospital (QAMH) offers the necessary psychological support for the distressed servicemen in order to support the recovery of the impaired psychological and social balance of the victims. The ‘BSRU’ is a Module of the CCP, and is deployable during missions abroad. The personnel of the BSRU provides the necessary psychological support for personnel, victim or witnesses of critical incidents during their deployment or of Belgian citizens, evacuated from a foreign conflict zone.

### **2.1 Mission – Core Business**

The missions are the ‘Core Business’ of the BSRU. The Ministry of Defence invests in trained personnel, accurate material resources and the appropriate infrastructure.

### **2.1.1 Psychological Support after Critical Incidents**

UNIFIL troops are confronted with risks which can potentially entail psychological sequelae. These potential risk situations may include: armed conflict, terrorism, air accidents, heavy road accidents, technological accidents, industrial accidents, natural and man-made disasters. Not only the physically wounded need attention. Also the physically unharmed victims may need assistance to re-establish normal feelings of safety and a sense of anticipation or control. They may need support in psychologically working through the emotional upheaval of a confrontation with extreme violence, (threat of) death or mutilation. The Mod BSRU of the Role 2 MTF has an important function in this domain.

### **2.1.2 Psychological Evaluation in Case of Repatriation for Psychological or Social Reasons**

During their deployment to Lebanon, some UNIFIL troops may be confronted with difficulties of a psychological (e.g. psychiatric symptoms), social or family nature. These difficulties may reduce their operational functioning. A repatriation can be the appropriate measure. The Mod BSRU Role 2 has a surplus value in the domain of this assessment and provides support to the Chief Role 2 in this matter.

### **2.1.3 Psychological Support in Case of Psychological or Emotional Difficulties**

Difficulties of psychological nature can arise in some individuals during the course of the deployment (e.g. depressive symptoms, anxiety, symptoms of personality disorder, ...). The operability of these individuals can sometimes be maintained during the period of deployment when psychological counseling and –if indicated- medical support can be provided.

### **2.1.4 Liaison**

The Mod BSRU has also a responsibility as an internal liaison within the Role 2 (e.g. to give advice about psychiatric comorbidity, to announce bad news, to react to psychological decompensation,...) as well as a liaison between the Role 1 and Role 2 (e.g. contact with the physician Role 1, personnel of the Medical Component,...). The representative of the Mod BSRU is also a member of the Psychosocial Team and works together with the Mental Readiness Advisor and the Padre and/or Moral Advisor. The Psychosocial Team is at the service of the Commander BELUFIL.

## **2.2 Tasks**

‘Tasks’ are activities on a non- permanent base and in function of the available resources or the exceptional situation.

### **2.2.1 Mediation in Case of Interpersonal or Professional Conflicts**

In every deployment of a task-oriented group of people, interpersonal conflicts may arise. Although this is a frequent phenomenon, the group cohesion and the quality of the execution of the assignment may be at risk. The mediation by the Mod BSRU Role 2 can diminish this risk. The BSRU – team will actively take part in the functioning of the Medical Installation. This pro-active but non-intrusive approach will enable the Mod BSRU to detect possible interpersonal or professional conflicts in an early stage. The Mod BSRU will help prevent possible escalation of possible conflicts through individual or group counseling.

### **2.2.2 Active Outreach, Psycho-Education and Preventive Measures**

Active outreach is the preferable modus operandi of the Mod BSRU for (stress) prevention and early detection of possible emotional, psychological difficulties. The Mod BSRU will actively engage in actions which can contribute to the prevention of harmful psychological processes. To this avail, workshops and presentations will be organised to enhance the coping mechanisms of the participants in the domain of ‘operational stress management’, ‘helping colleagues after incidents’, ‘coping with intense emotions’.

### **2.2.3 Humanitarian Psychosocial Interventions**

The Mod BSRU can provide humanitarian help for the local population ‘within means and capabilities’.

## **3.0 EQUIPMENT**

The equipment of the Mod BSRU consisted of a Set ‘Psycho-education’ (standard literature about psychotrauma, critical incident management, disaster management, several dictionaries) , a Set ‘Counseling’ (‘Seats and sofa’s’, dictating machine) and a Set ‘Secretary’ (Computer, computer desk, desk, phone, e-mail-accounts, coffeemachine, waterboiler,... ).

## **4.0 PERSONNEL**

The composition of personnel for the Mod BSRU depends on the possible Commitment Doctrines (Non-combatant Evacuation Operation (NEO), Peace Support Operation (PSO), Peace Enforcement Operations (PEO)) whereby psychosocial support is appropriate. The following available skills can be selected for a single representation or a team: a clinical psychologist, a psychiatric nurse, an assistant in psychology and ambulance personnel.

## **5.0 COURSE OF ACTION**

The personnel of the Mod BSRU is able to deliver psychological first aid to individuals or groups and is able to give advice on issues such as how to help victims of incidents. In such cases, the Mod BSRU joins hands with the other members of the Psychosocial Team of BELUFIL and the Psychosocial Services in Belgium. The co-operation between these different members is supervised by the Mod BSRU. Psychological support may also be needed for the families of the involved servicemen or their co-workers at the unit in Belgium.

During these three years of effort, almost every employee of the CCP was directly involved in the BELUFIL operation. It was a mission in which we found the ideal circumstances to try out different formats of psychosocial support (continuous presence of a team, presence of 1 representative, contact teams, rotation after 1 month and after 2 months and this with or without overlaps, different levels of risk, location in proximity of Role 2).

### **5.1 Individual Counselling**

The rightful claimants for individual counseling or discussion groups are UNIFIL-members, the Lebanese Armed Forces (LAF) and the local population (war-victims before 2006 included).

Special attention went to the collaboration with the local translators who are working for UNIFIL in Camp Scorpion.

Psychiatric difficulties (e.g. psychotic reactions, anxiety disorders and personality disorders) remained a minority.

The content of individual counseling sessions usually was about work-related problems, the follow-up of mentioned crisis interventions and difficulties linked to the homefront.

### **5.2 Psycho-Education**

Psycho-education is a collective term for all prevention activities and sensibilisation initiatives like courses, informative sessions, and presentations.

e.g. 'Outreach-leaflets', 'Articles in the Scorpion Magazine', 'Presentation Mod BSRU', 'Stress management in operation', 'Managing critical incidents', 'Self-care', 'Managing your emotions', 'Going Home', 'How to handle your children during operation', 'Gossip for dummies',...

### **5.3 Crisis Interventions**

#### **5.3.1 Demining Incident with Serious Medical Injuries (BELUFIL 1: December 2006)**

29<sup>th</sup> of December 2006 in Majdal Silm, South-East Lebanon, two members of the Belgian Explosive Ordnance Disposal (EOD) – team were seriously injured (two others were slightly injured) during demining activities of a cluster-bomb.

#### **5.3.2 Accident at Work (BELUFIL 1 : January 2007)**

28<sup>th</sup> of January 2007 in Tibnin, during the maintenance of a military vehicle, a NCO-mechanic got injured.

#### **5.3.3 Demining Incident with Serious Medical Injuries (BELUFIL 1: January 2007)**

30<sup>th</sup> of January 2007 in Aytarun, South-East Lebanon, two members of the Belgian Explosive Ordnance Disposal (EOD) – team were injured (one seriously injured, one slightly injured) during demining activities of a cluster-bomb. One of the deminers walked on a cluster-bomb and his colleague was also injured due to the collateral damage.

#### **5.3.4 Road Accident with a Belgian Armed Vehicle: A Loss of 3 Belgian Servicemen and 1 Belgian Serviceman Seriously Injured (BELUFIL 2: March 2007)**

7<sup>th</sup> of March 2007 in Kfar Chouba, South-East Lebanon, 3 Belgian members of the UN-detachment lost their life in a road-accident during a reconnaissance-mission. About 300 military servicemen in Camp Scorpion (Tibnin) had to come to terms with the loss of their colleagues and at the same time continue the operation.

The commanders and the psychosocial team in the operational area and the psychosocial team in Belgium immediately coordinated the necessary support.

#### **5.3.5 Shooting Incident with Lethal Consequence (BELUFIL 4: November 2007)**

12<sup>th</sup> of November 2007 near Kfar Sir, South-East Lebanon, a young soldier of the French battalion lost his life in a shooting-incident that happened in the compound during a weapon-handling exercise.

#### **5.3.6 Domestic Fire (BELUFIL 4: January 2008)**

In January 2008 a fire destroyed the home of a local UNIFIL-worker. A Civil Military Cooperation (CIMIC)-Project renovated the building and the Mod BSRU gave psychosocial support to the concerned family.

#### **5.3.7 Severe Burn Injury of a Child (BELUFIL 5: April 2008)**

In April 2008, a mother was given psychosocial support during the hospitalization of her child in the Intensive Care Unit (ICU) and during the medical attendances.

#### **5.3.8 Road Accident in the Malaysian Battalion (BELUFIL 5: May 2008)**

16<sup>th</sup> of Mai 2008, during a night patrol, a French tank-crew discovers a Malaysian armed off-road vehicle. There are six casualties (one deceased, one seriously injured, four slightly injured). In collaboration with



the French medical services and the Malaysian doctor Role 1, they all have been taken care of (medical and psychosocial) in the Fieldhospital Role 2 in Tibnin.

### **5.3.9 Accident during Military Engineering (BELUFIL 6: June 2008)**

19<sup>th</sup> of June 2008, during construction activities a crane-driver almost accidentally buried a colleague.

### **5.3.10 Road Accident (BELUFIL 6: July 2008)**

12<sup>th</sup> July 2008 in Tibnin, South-East Lebanon, 2 local cars had a collision. 4 Adults and 1 pregnant woman were involved in the accident. The 4 adults were transferred to the Role 2 Fieldhospital with 3 ambulances. The pregnant woman was evacuated to the local hospital in Tibnin.

### **5.3.11 Accident with an Armed Vehicle (BELUFIL 6: August 2008)**

12<sup>th</sup> August 2008 in the region of Tibnin, an armed vehicle crashed against another military truck in order to avoid a collision with a local motorcycle. The crew was deeply impressed.

### **5.3.12 Road-accident with Loss of an Infant (BELUFIL 6: August 2008)**

17<sup>th</sup> August 2008 in Tibnin, South-East Lebanon, 2 local cars had a head-on collision. 3 Adults and 5 children were involved in the accident. The 3 adults, as well as a young girl and a 20 day old baby were transferred to the Role 2 Fieldhospital. The other children were evacuated to the local hospital in Tibnin. That same evening the baby passed away due to the injuries of the accident.

### **5.3.13 Incident with Smokebombs (BELUFIL 6: August 2008)**

21<sup>st</sup> of August 2008, during maintenance activities of an Armed Infantry Vehicle, phosphorus-smokebombs were launched accidentally within the compound.

### **5.3.14 Accident with a Light Vehicle (LMV) (BELUFIL 6: August 2008)**

24<sup>th</sup> August 2008 in the region of Tibnin, an armed vehicle turned bottom-up due to reckless driving. The crew and the passengers were deeply impressed.

### **5.3.15 Demining Incident with Lethal Consequence (BELUFIL 6: September 2008)**

3th of September 2008 in Ayatarun, South-East Lebanon, a member of the Belgian Explosive Ordnance Disposal (EOD) – team lost his life during demining a cluster-bomb.

### **5.3.16 Amputation (BELUFIL 7: October 2008)**

30th October 2008 a local citizen stepped on unexploded device resulting in an amputation of his right foot in the Fieldhospital Role 2.

## **5.4 Mediation**

Intra- and interpersonal difficulties between military personnel from different modules (Role 1 – Role 2), between military personnel from different components, with the local population, within the hierarchical structures, within man-woman-relationships, within different cultures.

## **5.5 Advice to Chiefs**

‘Taking the lead’: A presentation which emphasises the responsibility of the leaders in managing an incident.



e.g. Advice about repatriations, mental preparedness, leadership, internal and external communication during a crisis situation, alcohol issues, attitude towards rumours and gossip, mediation situations, dealing with undesirable sexual behaviour,....

## **5.6 Evaluation of Repatriations**

The aftermath of a critical incident, a funeral, hospitalisation of a family-member, a very sick child, death of a meaningful person (in operation or at home), personal problems, rotation politics, alcohol abuse, relationship difficulties, medical evacuation, psychiatric decompensations, a general anxiety disorder,... were reasons to be repatriated. Advice was asked in order to decide if repatriation was appropriate and if there should be opted for a temporary or a definitive repatriation.

A BELUFIL-specific procedure for repatriation, with decision tree, was written during the mission.

## **5.7 Exercises**

### **5.7.1 Blue Screen-Exercise**

Exercise in which an attack on the compound is simulated.

### **5.7.2 Mascal-Exercise**

Exercise in which there are a very large number of Belgian casualties. The goal of this exercise is to evaluate an internal emergency plan and a psychosocial intervention plan. All present caregivers and all present servicemen take part in this exercise.

### **5.7.3 Fire-Exercise**

Fire-alarm exercise on the compound-grounds. The necessary intervening teams are activated and mobilised.

### **5.7.4 Shooting Exercise**

Exercises to further practice the necessary shooting skills.

### **5.7.5 Relaxation Exercise**

This was proposed by the Mod BSRU. All military personnel present in the compound could take part and use this to their advantage.

### **5.7.6 Teambuilding Activities**

Climbing and rope-exercises with competitive elements.

## **5.8 Visitors**

HRH Prince Filip of Belgium, the chairman of the European Union, Belgian Minister of Defence, the Chief of Defence, the National Component Commander, Generals, Belgian and/or European Ministers, Governors, Press-representatives (written, TV, military Televox-team), local authorities, family members of deceased and/or wounded military personnel, Libanese psychologists,... made a visit to Camp Scorpion.

## **5.9 Questionnaires**

### **5.9.1 Well-Being in Operation**

Half-mission questionnaire with feedback for the present military personnel and their Chiefs.

### **5.9.2 Impact of Event Scale (IES)**

The IES was asked to complete after crisis intervention FRABATT (Shooting incident 5.3.5.).

### **5.9.3 Chair of Sociology of the Royal Military Academy**

Royal Military Academy studied 'The life of Belgian military personnel in operation'.

## **5.10 Briefings**

### **5.10.1 Way of Life (WOL)**

Meeting with the different superiors and the Psychosocial Team to improve the comfort of the personnel during the mission.

### **5.10.2 Senior Medical Officer (SMO)**

Daily meeting with the SMO and the Module-Chiefs of the Medical Treatment Facility Role 1 and Role 2.

### **5.10.3 Meeting Psychosocial Team**

Daily update, intervention and supervision of psychosocial activities within the Psychosocial Team.

### **5.10.4 Well Being**

Meeting with the different superiors and the Psychosocial Team to discuss the general wellbeing and mental conditions of the personnel.

## **5.11 Standing Operation Procedures (SOP) – Publications**

### **5.11.1 SOP Mod BSRU**

The goal is to clarify the mission, tasks and functioning of the Mod BSRU of the MTF Role 2 in BELUFIL.

### **5.11.2 SOP Crisis Communication**

Goal is to describe the communication in case of a critical incident. How to reach people that we wish to inform (speeches, brochures, procedures, methodology,...) and with which priority does this need to happen?

### **5.11.3 Column 'Gossip for Dummies'**

A 6-weekly publication (ad valvas) to limit gossip in the compound.

### **5.11.4 Scorpion Magazine**

Magazine with publications about the life and work of the military personnel during the mission.

## **5.12 Daily Activities**

Establishment Day, Regimental run, Commemoration Day, clean-up, sports, distribution of mail, meals, parades,...

## **6.0 LESSONS LEARNED**

The Lessons Learned are joined, taking the stages of a mission into account (before, during and after the missions).

### **6.1 Before**

The Mod BSRU should be able to take part in all preparatory military exercises. This preparatory phase can be very useful to get into contact with the participants and to build a relation of trust. This should lower the threshold to the Module BSRU during the mission.

It is important that all the participants of the psychosocial team (away- & home-team) meet each other before the start of a mission so that the work during the operation can take place in a smooth way.

The Mod BSRU and its personnel should always be ready and prepared to leave on a mission (materials and means, medical ability).

There should be a standard way to registrate the activities of the Module BSRU.

### **6.2 During**

The personnel CCP must be able to answer the needs of the situation abroad: a Peace Support Operation asks another composition of available personnel compared to a Peace Enforcement Operation.

A permanent presence is better than, for example, the fly-ins or a temporary contactteam. The temporary contact teams had to deal with a more difficult integration, which raises the threshold instead of lowering it.

The absence of personnel, due to participation in the missions, has consequences for the home-team. The 'full-time equivalents' of available CCP-personnel, that work in the Queen Astrid Military Hospital, lowers due to long term participation in missions abroad.

Giving psycho-education and organising other activities in relation to this, facilitates the accessibility of the Mod BSRU.

A rotation of personnel every 2 months was the best formula for the Mod BSRU in the BELUFIL operations. In this way we were able to deliver a certain continuity and thus also a lower threshold. This formula had no negative consequences for the CCP home-team. Every rotation should have a certain overlap which is necessary to guarantee a good follow-up of the running activities.

The way the Mod BSRU works is complementary to and in cooperation with the other members of the Psychosocial Team. It is necessary to explicit the mandate of the Mod BSRU and that of its partners to the military personnel.

Important for a good functioning of the Mod BSRU is its location and accessibility. Counseling sessions should take place in a private atmosphere.

A good cooperation with the physician of Role 1 and the physicians of Role 2 are important for good references to the Mod BSRU.

The Mod BSRU had an international character. Other nationalities could also make use of our services.

Taking into account the international character of our mandate, cooperation with translators is sometimes necessary to achieve good results.

The representative of the Mod BSRU is counselor and military at the same time. Being a military and taking part in the daily activities lowers the threshold.

Organising trainings for key-personnel has positive influence on the accessibility of the Mod BSRU.

### **6.3 After**

The data of the work done in operation must be passed on correctly to the home-team in order to organise a correct follow-up.

Evaluations of the functioning of the Mod BSRU and its other psychosocial partners give valuable information that can be used in future operations.

## **7.0 QUID FUTURE**

We can distill some conclusions from the past BELUFIL missions. A few of those can already be found in current procedures.

A good screening before departure of participants should remain a point of attention. In this way psychiatric and/or psychological problems surfacing during the mission can be reduced to a minimum.

In the meantime, a Specific Procedure (SPS) after critical incidents was written down. This allows that all information of critical incidents is passed on to the Operational Centre of Defence (COPs). COPs activates all relevant psychosocial actors, taking the needs of that moment into account.

All psychologists in the Belgian military are trained in a course ‘crisispsychology’. This training is given by the CCP-members.

Taking part in the course ‘Disaster management and Disastermedecine’ at the Catholic University of Leuven is a good preparation for the CCP-personnel in the reception of ‘after Mass Casualties’.

In the training for the personnel of the Medical Component (Officers, Physicians, Nurses, Non-Commissioned Officers, and Soldiers) now goes more attention to the potential operational requirements (‘Stress and stressmanagement’, ‘Operational stressmanagement’, ‘Handling critical incidents’, ‘Selfcare’).

Training the CCP-personnel in the English language is wishful because of the international character of the Mod BSRU and its possible cooperation with translators.

Competencies and expertise in the field of critical incidents and trauma needs to be maintained by permanent in-service training. This can be realized by taking part in symposia and congresses in Europe (e.g. the European Society for Traumatic Stress Studies (ESTSS)), following a training to become a counsellor or a training in mediation and/or announcing bad news,...).

Taking part in military exercises (with available capacities of the Mod BSRU) is necessary to keep up the needed skills. The yearly participation in the exercise ‘Evacuation of Belgian citizens from a foreign conflictzone’ is a good example.

The existing psychosocial platforms (national and regional) must be expanded to maximise the cooperation with the psychosocial partners in the Ministry of Defence (Mental Readiness Advisors in operation, Social Services, Service of Religious and Moral Support, Medical Component).

## **8.0 CONCLUSION**

We declare that for the described BELUFIL-missions (BELUFIL 1 to 8/1) during the activities of the Medical Treatment Facility Role 2, a permanent presence of a representative of the Module BSRU, for a period of 2 months, was a surplus value and an optimal format for the psychosocial care of the military personnel and their hierarchy. A good 'hand-over and take-over' of information (about several achievements and files) at the rotations was very important for the continuity of the psychosocial care.

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